



DEFENSE
HEALTH AGENCY

HPOB

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
16401 EAST CENTRETECH PARKWAY
AURORA, CO 80011-9066

CHANGE 187
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JUNE 22, 2016

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008

The Defense Health Agency has authorized the following addition(s)/revision(s).

CHANGE TITLE: REVISIONS TO PROVISIONAL COVERAGE OF EMERGING SERVICES, SUPPLIES
POLICY AND SUPPLEMENTAL HC PROGRAM

CONREQ: 17857

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change clarifies the coverage criteria regarding Flexion Abduction External Rotation provocation test, clarifies preauthorization requirements for provisional coverage, and revises chapter references, within the Provisional Coverage of Emerging Services and Supplies policy.

EFFECTIVE DATE: January 1, 2016.

IMPLEMENTATION DATE: July 22, 2016.

This change is made in conjunction with Feb 2008 TPM, Change No. 165.

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John L. Arendale
Section Chief, Health Plan
Operations Branch (HPOB)
Defense Health Agency (DHA)

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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

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REMOVE PAGE(S)

CHAPTER 7

Section 2, pages 1 and 2

CHAPTER 17

Section 3, pages 7 and 8

INSERT PAGE(S)

Section 2, pages 1 and 2

Section 3, pages 7 and 8

Preauthorizations

1.0 GENERAL

Preauthorization review shall be performed for all care and procedures listed below. The contractor may propose additional authorization reviews. (See [Section 1](#) for additional guidance.) The admissions/procedures are subject to change over time based upon the Government's assessment of the efficacy of the review. The changes will include adding and/or removing admissions/procedures. When the beneficiary has other insurance that provides primary coverage, exception to the preauthorization requirements will apply as provided in the TRICARE Policy Manual (TPM), [Chapter 1, Section 7.1, paragraph 1.11](#). When the contractor is acting as a secondary payor any medically necessary reviews shall be performed on a retrospective basis.

THE FOLLOWING INPATIENT ADMISSIONS WILL BE PREAUTHORIZED:

Adjunctive Dental

Mental Health

Substance Abuse

Skilled Nursing Facility (SNF) care for dual eligible beneficiaries

Note: Effective for dates of service **June 1, 2010**, SNF care received in the U.S. and U.S. territories must be preauthorized for TRICARE dual eligible beneficiaries. The TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) contractor will preauthorize SNF care beginning on day 101, when TRICARE becomes primary payer. For those beneficiaries inpatient on the effective date, a preauthorization will be required August 1, 2010.

Organ and Stem Cell Transplants

THE FOLLOWING OUTPATIENT SERVICES WILL BE PREAUTHORIZED:

Adjunctive Dental

Mental Health Care after the eighth visit each fiscal year. Primary Care Manager (PCM) referral is not required; however, the Managed Care Support Contractor (MCSC) shall steer all beneficiaries who contact them to the Military Treatment Facility (MTF) or appropriate network provider. Additionally, the MCSC shall expound upon the benefits of using the MTF and network providers during all appropriate beneficiary and provider briefings.

Note: Active Duty Service Members (ADSMs) require preauthorization before receiving mental health services. The contractor shall comply with the provisions of [Chapters 16 and 17](#) when processing requests for service for active duty personnel.

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Chapter 7, Section 2

Preauthorizations

THE FOLLOWING SERVICES WILL BE PREAUTHORIZED IN ANY SETTING:

Extended Care Health Option (ECHO) Services

Hospice

Provisional Coverage for Emerging Services and Supplies (see the TPM, Chapter 13, Section 1.1.)

2.0 INPATIENT MENTAL HEALTH

Inpatient mental health requires preauthorization. In the event that inpatient mental health services were not preauthorized, the contractor shall obtain the necessary information and complete a retrospective review. Penalties for failing to obtain preauthorization apply (see [32 CFR 199.15](#)). Non-Availability Statement (NAS) requirements also apply to inpatient behavioral health admissions if the admission occurred prior to March 28, 2013.

3.0 EFFECTIVE AND EXPIRATION DATES

The preauthorization shall have an effective date and an expiration date. For organ and stem cell transplants, the preauthorization shall remain in effect as long as the beneficiary continues to meet the specific transplant criteria set forth in the TPM, or until the approved transplant occurs.

- END -

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Chapter 17, Section 3 Contractor Responsibilities

of the SAS authorization, the contractor shall file an authorization in its system and pay received claims in accordance with the filed authorization.

2.2.2 If the contractor determines that the requested service, supply, or equipment is not covered by TRICARE policy (including [paragraph 2.2.4](#)) but an approved waiver is provided, the contractor shall file an authorization in its system as specified in the DHA approved waiver and pay received claims in accordance with the filed authorization.

2.2.3 If the contractor determines that the requested service, supply, or equipment is not covered by TRICARE policy (including [paragraph 2.2.4](#)), the contractor shall decline to file an authorization in its system and deny any received claims accordingly. If the authorization request was received as an MTF referral, the contractor shall notify the MTF (an enrolled MTF if different from the submitting MTF) of the declined authorization with explanation of the reason. If the request was received as a referral from a civilian provider (for a remote Service member/non-enrolled Service member), the contractor shall notify the civilian provider and the remote Service member/non-enrolled Service member of the declined authorization with explanation of the reason. The notification to a civilian provider and the remote Service member/non-enrolled Service member shall explain the waiver process and provide contact information for the applicable Uniformed Services Headquarters Point of Contact (POC)/Service Project Officers as listed in [Chapter 17, Addendum A, paragraph 2.0](#). No notification to the SAS is required.

2.2.4 Certain services, supplies, and equipment are covered for Service members under the SHCP as specified below and no waiver is required:

2.2.4.1 Custom-fitted orthoses are covered for Service members on active duty (specified for more than 30 days). The custom-fitted orthosis must be ordered by the appropriate provider and obtained from a TRICARE authorized vendor that specializes in this service. Prefabricated or other types of orthoses available in commercial retail entities are excluded. Specifically, this benefit refers to custom fitting orthotics (e.g., foot inserts for plantar fasciitis, flat feet, or similar diagnoses).

2.2.4.2 Femoroacetabular Impingement (FAI) surgery is covered for Service members under the SHCP when the following criteria are met and documented in the referral:

2.2.4.2.1 Moderate to severe and persistent activity-limiting hip pain that is worsened by flexion activities.

2.2.4.2.2 Physical examination consistent with the diagnosis of FAI (at least one positive test required):

2.2.4.2.2.1 Positive impingement sign (pain when bringing the knee up towards the chest and then rotating it inward towards your opposite shoulder); or

2.2.4.2.2.2 Flexion Abduction External Rotation (FABER) provocation test (the test is positive if it elicits similar pain as complained by the patient **or the range of motion of the hip is significantly decreased compared to the contralateral hip**); or

2.2.4.2.2.3 Posterior inferior impingement test (the test is positive if it elicits similar pain as complained by the patient).

2.2.4.2.3 Failure to improve with greater than three months of conservative treatment (e.g., physical therapy, activity modification, non-steroidal anti-inflammatory medications, intra-articular injection, etc.). Request shall include what conservative treatments were used and how long; and

2.2.4.2.4 Radiographic evidence of FAI:

2.2.4.2.4.1 Cam

2.2.4.2.4.1.1 Pistol-grip deformity (characterized on radiographs by flattening of the usually concave surface of the lateral aspect of the femoral head due to an abnormal extension of the more horizontally oriented femoral epiphysis); or

2.2.4.2.4.1.2 Alpha angle greater than 50 degrees (measurement of an abnormal alpha angle from an oblique axial image along the femoral neck); or

2.2.4.2.4.2 Pincer

2.2.4.2.4.2.1 Coxa profunda (floor of the fossa acetabuli touching or overlapping the ilioischial line medially); or

2.2.4.2.4.2.2 Acetabular retroversion (the alignment of the mouth of the acetabulum does not face the normal anterolateral direction, but inclines more posterolaterally); or

2.2.4.2.4.2.3 Os acetabuli (an ossicle located at the acetabular rim); or

2.2.4.2.4.2.4 Protrusio acetabuli (an anteroposterior radiograph of the pelvis that demonstrates a center-edge angle greater than 40 degrees and medicalization of the medial wall of the acetabulum past the ilioischial line); and

2.2.4.2.5 Absence of advanced arthritis (i.e., Tönnis Grade 2 [small cysts, moderate joint space narrowing, moderate loss of head sphericity] or Tönnis Grade 3 [large cysts, severe joint space narrowing, severe deformity of the head]).

2.2.4.3 Hearing Aids

2.2.4.3.1 Hearing device/prosthetics, cochlear and other implant systems and accessories must be procured by the MTF for those Service members who reside in a PSA with audiology services.

2.2.4.3.2 Service members stationed outside of a PSA, or where MTFs lack the audiology services necessary for hearing aid procurement, may be referred to a network provider for hearing aid procurement, fittings, and/or adjustments through the SHCP without a waiver. Except for TPR enrollees, the referral must document the lack of MTF audiology services. All services must be preauthorized.